MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 09/830374	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		6		/			53							
4		6		/			54							
5		6		/			55							
6		6		/			56							
7	/		/				57							
8		/		/			58							
9		2		/			59							
10		2		/			60							
11		2		/			61							
12		0					62							
13		0		/			63							
14		0		/			64							
15		0		/			65							
16		0		/			66							
17		0		/			67							
18		0		/			68							
19		0		/			69							
20		0		/			70							
21		0		/			71							
22		0		/			72							
23		0		/			73							
24		0		/			74							
25		0		/			75							
26		0		/			76							
27		0		/			77							
28		0		/			78							
29		0		/			79							
30		0		/			80							
31		0		/			81							
32		0		/			82							
33		0		/			83							
34		0		/			84							
35		0		/			85							
36		0		/			86							
37		0		/			87							
38		0		/			88							
39				/			89							
40	/		/				90							
41		/		/			91							
42		/		/			92							
43		3		/			93							
44		3		/			94							
45		0					95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		3				TOTAL IND.							
TOTAL DEP.	50		40				TOTAL DEP.							
TOTAL CLAIMS	53		43				TOTAL CLAIMS							

(2)

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 9-78)